Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : YOUR DREAM SERVICES CORP.

Account Number : I20200000137 : (786)660-0108 : (786)364-1047 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

info@yourdreamms.com Email Address:____

FLORIDA PROFIT/NON PROFIT CORPORATION **GGMC SERVICES CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Page: 3 of 5

(((H22000360210 3)))

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

GGMC SERVICES CORP

⊠ \$70.00

SUBJECT:

□ \$78.75

Filing Fce

Filing Fee

& Certificate of Status

□ \$78.75

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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Filing Fee

□ \$87.50 Filing Fee,

& Certified Copy Cer

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	GLORIA ANDREA CONTRERAS MC INNES			
	Name (Printed or typed)			
	ONEL CALLAD TUD			
	9951_SW_40 TER			
	Address			
	MIANII, FLORIDA 33165			
	City, State & Zip			
	786-521-4597. Daytime Telephone number			
	Daytime Telephone number			
	E-mail address: (to be used for future annual report notification)			

NOTE: Please provide the original and one copy of the articles.

To: sunbiz .

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpor				
ARTICLE II PRIN				
9951 SW 40 TER	Principal street address		Mailingaddress, if different SW 40 TER	is:
	3165		JI FLORIDA 33165	
ARTICLE III PURI The purpose for which	POSE the corporation is organized is: Any and Al	l Lawful Busines	55	
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			E-784 * * * * * * * * * * * * * * * * *	
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The number of shares of ARTICLE V INITA Name and Tit	f stock is: 100 AL OFFICERS AND/OR DIRECTORS ie: GLORIA CONTRERAS- PRESIDENT 9951 SW 40 TER	Name and Title Address:	9951 SW 40 TER	- 2
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Name and Tit	le:	Name and Title:	(((1122000360210 3)))	
Address				
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DTICLEVI DEG	ISTERED AGENT			
	a street address (P.O. Box NOT acceptable) o	of the registered agent is:		
lame:	YOUR DREAM MULTISERVICES CORP	_		
.ddress:	8300 NW 53RD ST STE 350	_		
_	MIAMI FLORIDA 33166	_		
RTICLE VII INC	ORPORATOR			
ne <u>name and addres</u>	s of the Incorporator is:			
Name:	GLORIA CONTRERAS	-		
Address:	9951 SW 40 TER	_	**	
	MIAMI FLORIDA 33165	_	**************************************	
RTICLE VIII EF	FECTIVE DATE:		Z- 197	
	r than the date of filing:			
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	rted in this block does not meet the applicable ive date on the Department of State's records		ements, this date will not be listed	d as
	s registered agent to accept service of process j iar with and accept the appointment as registe			r this
	Asamar Torres Required Signature/Registered Agent		11/02/2022	

document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Required Signature Incorporator

To: sunbiz .

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Date 11/02/2022